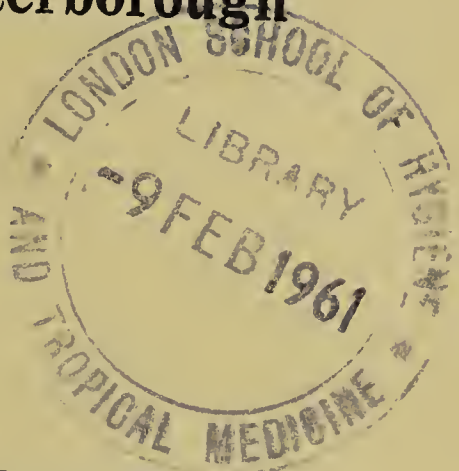


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County of the Soke of Peterborough



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEAR

1955

G. NISBET, M.B., Ch.B.(Ed.), D.P.H., R.C.S.(Ed.)



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COUNTY OF THE SOKE OF PETERBOROUGH

MEMBERS OF THE COUNTY HEALTH COMMITTEE

(As constituted at 31st March, 1956)

SIR ARTHUR CRAIG
(Chairman of the County Council)
(*ex-officio*)

COUNTY ALDERMAN DR. J. HUNT
(Vice-Chairman of the County Council)
(*ex-officio*)

Chairman:—
COUNTY ALDERMAN G. T. VAWSER

Vice-Chairman:—
COUNTY COUNCILLOR P. ADAMS

COUNTY ALDERMAN MRS. M. C. COOK

County Councillors:—

G. W. S. BURDETT	MRS. E. H. FEAR
S. G. GASCOINE	C. GREENWOOD
G. MATTHEWS	R. PERRIN
MRS. A. PHILPOT	MRS. E. E. L. SAVAGE
MRS. B. M. WILKINSON	

Co-opted Members:—

DR. J. N. COLLINS	DR. R. M. E. SMITH
MISS M. E. PERCIVAL	J. N. STATON, L.D.S., R.C.S. (ENG.).

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HEALTH DEPARTMENT STAFF—1955

County Medical Officer of Health

GEORGE NISBET, M.B., Ch.B. (ED.), D.P.H., R.C.S. (ED.),

Deputy County Medical Officer of Health

WILLIAM D. SWINNEY, M.B., Ch.B., D.P.H. (resigned 31.7.55)

GERALD DISON, M.C., L.R.C.P., L.R.C.S. (ED.) AND S. (Glas.), D. OBST.
R.C.O.G., D.P.H. (ED.). (appointed 5.9.55)*Superintendent Nursing Officer*MISS I. SYLVESTER, S.R.N., S.C.M.,
H.V. CERT.*Health Visitors*MISS M. MCPHILLIPS, S.R.N., S.C.M.
MISS M. JULYAN, S.R.N., S.R.C.N.,
H.V. CERT.
MRS. M. PARSON, S.R.N., S.C.N.,
H.V. CERT.
MISS J. SHARPE, S.R.N., B.T.A.,
H.V. CERT.*Student Health Visitor*

MISS P. GOODMAN, S.R.N., S.C.M.

Tuberculosis Health Visitor

MISS E. WAGSTAFF, S.R.N.

Home Help Organiser

MISS JOAN WARWICK, T.D.

Assistant Home Help Organiser

MRS. I. WINHAM.

*Blind Welfare Visitor and Home
Teacher (Peterborough Blind
Association)*

MISS M. H. P. WHITE, S.R.N.

*Lay Administrative Officer and
Chief Clerk*

J. J. DUNFORD.

Duly Authorised Officer

J. A. WARREN, (resigned 28.2.55).

*Social Welfare Officer and
Duly Authorised Officer*

GEORGE SMITH, (appointed 4.4.55).

DISTRICT MEDICAL OFFICERS OF HEALTH
AND SANITARY INSPECTORS

District	Medical Officer of Health	Sanitary Inspector
City of Peterborough	WILLIAM D. SWINNEY, M.B., Ch.B. D.P.H. (resigned 31.7.55) GERALD DISON, M.C., L.R.C.P., L.R.C.C. (ED.) AND S. (Glas.), D. OBST. R.C.O.G., D.P.H. commenced duty 5.9.55.	J. HALL, M.S.I.A., CERT. R. SAN. I. A.M.I.SAN.E.
Peterborough Rural District	W. ANLEY HAWES, M.B., D.P.H. (part-time appointment).	C. GREEN, M.S.I.A., A.R.SAN.I.
Barnack Rural District	W. ANLEY HAWES, M.B., D.P.H. (part-time appointment).	D. W. GRIFFITHS, M.S.I.A., A.R.SAN.I.

COUNTY COUNCIL OF THE SOKE OF PETERBOROUGH

To: The Chairman and Members of the County Council
of the Soke of Peterborough.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the Health Services for the year 1955.

The following statistics show at a glance how the Birth Rate, Death Rate, Infantile Mortality Rate, etc. for 1955 compare with recent years:—

	1955	1954	1953	1952
Birth Rate	16.8	15.8	16.4	15.3
Death Rate	11.3	10.6	11.1	11.3
Infantile Mortality Rate	27.1	22.1	26.5	20.4
Maternal Death Rate	0.08	0.0	0.09	0.0
Tuberculosis Death Rate	0.15	0.07	0.06	0.13
Cancer Death Rate	1.8	1.7	1.8	1.9

It will be observed that there has been an increase in the birth rate, death rate, and infantile mortality rate compared with 1954 and 1953. The death rate for respiratory tuberculosis is the highest since 1951, but is still only a third of what it was 20 years ago, although for the first time it is higher than that of the country as a whole. The tuberculosis death rate for England and Wales in 1955 was 0.13 per 1,000 of the population, compared with 0.15 in the Soke of Peterborough.

The health services have continued to run smoothly and the only major change in staff in 1955 was the appointment of Dr. G. Dison as Deputy County Medical Officer in place of Dr. W. D. Swinney who resigned to take up another appointment. I should like to place on record my appreciation of all Dr. Swinney did to ensure the efficient working of the health services in the County.

It will be noted from the section on the Mental Health Services that more cases are being dealt with under Section 20 of the Lunacy Act. This is in accordance with present medical recommendations.

Several popular newspapers have run articles, sometimes a series of articles, on the subject of our mental hospitals. For the most part the emphasis has been upon sensationalism — “Britain’s Shame”, “The Scandal of our Mental Hospitals,” such are samples of the headlines. So far as this area is concerned, we are most fortunate. Practically all our mental cases go to Rauceby Hospital, Sleaford, where the conditions are good and the treatment excellent. I always receive the greatest co-operation from the Medical Superintendent (Dr. H. A. Cole) and, in fact, from all the medical staff, who hold out-patient clinics weekly at the Peterborough Memorial Hospital. In this way many cases of early mental breakdown are discovered and are dealt with as voluntary patients or under Section 20, thus avoiding certification.

Provision for voluntary admission into mental hospitals was first made in the Mental Treatment Act, 1930. The public were, at first, slow to take

advantage of the new facilities, but since the war the number of voluntary admissions has steadily increased until today they constitute about two-thirds of all admissions. In some hospitals the figure is over 90 per cent. Since these patients enter hospital at a relatively early stage of their illness, the chances of successful treatment are far greater than if they wait until certification becomes necessary. Today the average stay of a voluntary patient is no more than a few weeks.

From being a mainly custodial institution for the protection of society, the mental hospital has become a hospital in the true sense. Hardly any of the active forms of treatment now in general use existed twenty years ago. Insulin treatment and E.C.T. or shock treatment, were still then in the experimental stage. Now, new medicaments, Largactyl and Serpasil, for example, are being used with increasing success in treating certain types of mental disorder. Occupational therapy, as practised today, is a positive and valuable form of treatment, and has done much to destroy that depressing atmosphere of enforced idleness which used to pervade the wards. This advance on a wide front is slowly bringing about a change in the attitude of the public. Fewer people regard mental illness as something shameful. It is now accepted that mental disease, like bodily sickness, may be cured. It is symbolic that many mental hospitals are now removing the heavy iron gates and high walls which formerly surrounded them. The mental hospital is beginning to take its place as an integral part of the community. One of the tasks before the Royal Commission now examining the law of mental illness will be to recommend changes which will reflect this more enlightened public attitude.

As in previous years, this report is divided into four main sections, as follows:—

Section I. Statistics and Social Conditions.

Section II. Provisions of Health Services.

Section III. Prevalence of, and Control over, Infectious Diseases.

Section IV. Inspection and Supervision of Food.

I take this opportunity of thanking the Chairman, Deputy Chairman, and the members of the County Health Committee for the keen interest they have taken and for their continued encouragement and support. Above all, I should like to pay tribute to the Public Health "team" for their loyal service to this County, particularly the Nursing Services under the guidance of Miss Sylvester, with her untiring zeal, and the lay staff, so ably led by Mr. John Dunford.

I have the honour to be,

Your obedient Servant,

GEORGE NISBET.

SECTION I

STATISTICS AND SOCIAL CONDITIONS

General Statistics

Area of Administrative County (in acres)	53,464
Population (Census 1951)	63,784
Population (Registrar-General's estimate mid-1955)	65,860
Rateable Value (1st April, 1956)	£889,567
Estimated Product of Penny Rate	£3,494

Population by Districts

	<i>Census 1951</i>	<i>Estimated mid-1955</i>
City of Peterborough	53,412	54,210
Peterborough Rural District	7,273	7,580
Barnack Rural District	3,099	4,070
Administrative County	63,784	65,860

The estimated population for mid-1954 was 65,600. The Registrar-General estimates a decrease of 30 in the City of Peterborough (which is rather surprising), an increase of 20 in the Peterborough Rural District, and an increase of 270 in the Barnack Rural District — a total increase of 260 in the County as a whole, compared with mid-1954.

EXTRACT FROM VITAL STATISTICS FOR THE YEAR 1955

Live Births

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	556	490	1046
Illegitimate	34	26	60
Total	590	516	1106
Birth Rate per 1000 population ...	16.8		
Birth Rate for England and Wales ...	15.0		

Stillbirths

Legitimate	9	11	20
Illegitimate	1	—	1
Total	10	11	21
Rate per 1,000 total live and stillbirths ...	18.6		
Rate per 1,000 population	0.31		
Rate per 1,000 total live and stillbirths— England and Wales	23.1		

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Deaths	389	360	749
Death Rate per 1,000 population	11.3		
Death Rate for England and Wales	11.7		

Infant Mortality

						<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	...	...	...	...	13	14	27
Illegitimate	...	...	...	...	...	1	2	3
Total	...	...	...	...	...	14	16	30

Rate per 1,000 live births:—

Legitimate	...	...	...	...	25.8 (1954—20.5)
Illegitimate	...	...	...	...	50.0 (1954—47.6)
Total	...	...	...	...	27.1 (1954—22.1)

Deaths from Measles (all ages)	...	...	...	...	...	0
Deaths from Whooping Cough	...	...	...	...	...	0
Deaths from infective and other parasitic diseases (under 2 years)	...	...	...	...	...	0

Chief Causes of Death—1955

Vascular lesions	...	...	...	...	...	122
Cancer	...	...	...	...	...	121
Coronary disease, angina	...	...	...	...	...	109
Other heart diseases	...	...	...	...	...	110
Pneumonia	...	...	...	...	...	36
Bronchitis	...	...	...	...	...	27
Other circulatory diseases	...	...	...	...	...	34
Accidents	...	...	...	...	...	32

The deaths in age periods are as follows (Registrar-Generals figures):—

0—1 years	...	...	...	...	...	30
1 5 „	...	...	...	...	...	7
5 15 „	...	...	...	...	...	5
15—25 „	...	...	...	...	...	5
25—45 „	...	...	...	...	...	31
45—65 „	...	...	...	...	...	184
65—75 „	...	...	...	...	...	190
75 „ and over	...	...	...	...	...	297

Total: 749

Births

The total number of live births in the County in 1955 was 1,106, compared with 1,037 in 1954, 1,056 in 1953, 978 in 1952, and 993 in 1951. The birth rate is 16.8, compared with 15.8 for 1954, and 15.0 (provisional figure) for England and Wales.

590 of the 1,106 children born in 1955 were males, and 516 females. 1,046 were legitimate and 60 illegitimate, compared with 63 illegitimate births in 1954. The illegitimacy rate was 5.5 per 100 live births, compared with 6.0 in 1954.

The number of live births and rates in each area of the County were:—

<i>Area</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i>
Peterborough City	488	417	905	16.6
Peterborough Rural District	64	67	131	17.1
Barnack Rural District ...	38	32	70	17.1
Administrative County ...	590	516	1106	16.8

The live birth rate for England and Wales was 15.2. Our rate (16.8) is, therefore again higher than that of the country as a whole.

The birth rates in each year in the Soke of Peterborough since 1935 are as follows:—

1935—14.1	1942—15.6	1949—15.8
1936—15.1	1943—16.5	1950—14.9
1937—14.3	1944—20.2	1951—15.4
1938—15.2	1945—17.8	1952—15.3
1939—14.1	1946—19.5	1953—16.4
1940—14.2	1947—19.8	1954—15.8
1941—14.1	1948—17.2	1955—16.8

It will be noted that the birth rate in 1955 is the highest since 1948.

Stillbirths

The number of stillbirths in 1955 was 21 (17 in the City; 2 in the Peterborough Rural District, and 2 in the Barnack Rural District).

The stillbirth rate is, therefore, 0.31 per 1,000 of the population, or 18.6 per 1,000 total live and stillbirths, compared with a rate of 23.1 for England and Wales as a whole.

Seventeen of the 21 stillbirths occurred in hospitals or maternity units attached to hospitals, and 4 occurred in domiciliary midwifery practice.

Infant Mortality

The Registrar-General records 30 deaths among infants aged under one year in the County of the Soke of Peterborough, 24 being assigned to the City of Peterborough, 4 to the Peterborough Rural District, and 2 to the Barnack Rural District.

14 of the 30 deaths occurred in males and 16 in females. Three of the infants who died were illegitimate.

The numbers and rates in each district of the Administrative County per 1,000 births were as follows:—

City of Peterborough	24	Rate	26.5
Peterborough Rural District	4	„	30.5
Barnack Rural District	2	„	30.0
Administrative County	30	„	27.1

In England and Wales as a whole the infant mortality rate was 24.9 per 1,000 related live births and was the lowest ever recorded in this country, being 0.5 per 1,000 below that for 1954, the previous lowest.

In the Soke of Peterborough the infant mortality rate in 1955 was 5.0 higher than in 1954, and was, in fact, the highest since 1948.

I append a Table showing the live birth rates and infant mortality rates in England and Wales for the years 1944-55 and for comparison, similar rates for the Soke of Peterborough:—

<i>Year</i>	England and Wales		Soke of Peterborough	
	<i>Live births per 1,000 population</i>	<i>Infant Mortality Rate</i>	<i>Live Births</i>	<i>Infant Mortality</i>
1944	17.5	45	20.2	42
1945	16.1	46	17.8	41
1946	19.2	43	19.5	33
1947	20.6	41	19.8	30
1948	17.9	34	17.2	38
1949	16.7	32	15.8	26
1950	15.8	29	14.9	20
1951	15.5	29	15.4	29
1952	15.3	27	15.3	20
1953	15.5	26	16.4	26
1954	15.2	25	15.8	22
1955	15.0	24	16.8	27

Twenty-four of the 30 infant deaths (80 per cent.) occurred in babies aged under four weeks (all in fact, two weeks or under).

One died aged three minutes; two aged 15 minutes; one aged 20 minutes; one aged one hour; one aged two hours; one aged three hours; one aged six hours; one aged seven hours; two aged nine hours; one aged ten hours; one aged 14 hours; one aged 21 hours; one aged two days; one aged three days; one aged five days; five aged one week; and two aged two weeks.

In all these cases, therefore, the infant died before visits by the health visiting staff could be made.

Of the remaining six, three infants died aged one month; one aged two months; one aged four months; and one aged seven months.

The causes of death of the 30 infants (as recorded on the death certificates) were as follows:—

Prematurity	...	...	7
Broncho-pneumonia	...	...	7
Cerebral Haemorrhage	...	...	3
Intra-cranial Haemorrhage	...	...	2
Pulmonary Haemorrhage	...	...	2
Congenital abnormality	...	...	2
Gastro-Enteritis	...	...	1
Subarachnoid Haemorrhage	...	...	1
Uraemia	...	...	1
Hydrocephalus	...	...	1
Anencephalus Monster	...	...	1
Congenital heart disease	...	...	1
Accidental	...	...	1

Twenty-six of the 30 infants died in hospitals, or maternity units attached to hospitals, and four died at home.

The death classified as "accidental" resulted from air embolism which was caused by air entering a vein during a blood transfusion operation in a child aged nine hours. Two of the infants were mongols.

Deaths

There were 749 deaths in the County in 1955 (389 males and 360 females) giving a death rate of 11.3 per 1,000 of the population, compared with a rate of 10.6 in 1954; 11.1 in 1953; and 10.8 in 1952.

The death rate for England and Wales in 1955 was 11.7, or 0.4 higher than in the Soke of Peterborough.

487 of the deaths occurred in persons of 65 years of age or over, or 65 per cent. of the total deaths. 297 deaths occurred in persons of 75 years of age or over.

The following Table shows the death rates in the Soke of Peterborough since 1920:—

1920—12.6	1932—12.1	1944—11.3
1921—11.0	1933—13.4	1945—11.6
1922—11.0	1934—12.8	1946—11.8
1923—10.4	1935—10.9	1947—12.1
1924—11.3	1936—11.3	1948—10.6
1925—10.9	1937—12.0	1949—11.2
1926—13.0	1938—11.1	1950—11.7
1927—13.0	1939—12.4	1951—11.6
1928—11.7	1940—13.0	1952—10.8
1929—11.2	1941—11.3	1953—11.1
1930—11.2	1942—11.4	1954—10.6
1931—11.9	1943—12.7	1955—11.3

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Causes of Death	All ages	U'd'r 1 y'r	1-5	5-15	15-25	25-45	45-65	65-75	75 & over
Tuberculosis									
respiratory	10					1	5	4	
Tuberculosis; other ...									
Syphilitic disease	1							1	
Diphtheria									
Whooping Cough									
Meningococcal infections ...									
Acute Poliomyelitis									
Measles									
Other infective and parasitic diseases	1								1
Malignant neoplasm of stomach	21						7	8	6
Malignant neoplasm lung bronchus	23					2	15	5	1
Malignant neoplasm breast	13					2	6	2	3
Malignant neoplasm uterus	5						3	2	
Other malignant and Lym- phatic neoplasm	59		1			4	24	14	16
Luekaemia, aluekaemia ...									
Diabetes	7						2	4	1
Vascular lesions of nervous systems	122					2	19	38	63
Coronary disease; angina ...	109					2	38	44	25
Hypertension with heart disease	8						4	2	2
Other heart disease	110				1	1	8	20	80
Other circulatory disease ...	34						5	2	27
Influenza	7							2	5
Pneumonia	36	3	2			1	7	2	21
Bronchitis	27						10	8	9
Other diseases of the re- spiratory system	3							1	2
Ulcer of stomach, duodenum	6					1	3	2	
Gastritis, enteritis and diarrhoea	2		1			1			
Nephritis and Nephrosis ...	14			1		2	4	6	1
Hyperplasia of prostate ...	5							2	3
Pregnancy, childbirth, abortion	1					1			
Congenital Malformations ...	12	9		1		1	1		
Other defined and ill-defined diseases	71	17	3	1	1	3	9	16	21
Motor vehicle accidents ...	13			2	3	2	4	1	1
All other accidents	19		1			4	4	2	8
Suicide	10					1	6	2	1
Homicide and operations of war									
TOTALS	749	29	8	5	5	31	184	190	297

Cancer Deaths

There were 121 deaths from cancer in the Soke of Peterborough during the year 1955 (64 males and 57 females) giving a death rate 1.8 per 1,000 of the population, compared with a rate of 1.7 in 1954; 1.8 in 1953; and 1.9 in 1952. The cancer death rate for England and Wales in 1955 was 1.9.

Twenty-three of the 121 deaths were due to malignant disease of the lung or bronchus, a death rate of 0.30 compared with a rate of 0.38 for England and Wales as a whole. 19 of the victims were males and four females.

The number of deaths from cancer in each year since 1936 is as follows:—

1936— 79	1943—112	1950—121
1937— 83	1944— 92	1951— 98
1938— 95	1945— 96	1952—122
1939— 86	1946—121	1953—121
1940— 93	1947—125	1954—114
1941— 96	1948 115	1955—121
1942—113	1949—104	

The increase in deaths from malignant disease of the lung or bronchus in this County is demonstrated by the following comparative figures for the five-year periods 1941-1945 and 1951-1955:—

	1941	—	4	deaths
	1942	—	12	„
	1943	—	12	„
	1944	—	6	„
	1945	—	11	„
			—	
Total			45	„
			—	
	1951	—	11	deaths
	1952	—	16	„
	1953	—	14	„
	1954	—	19	„
	1955	—	23	„
			—	
Total			83	„
			—	

There were 12 deaths in females from carcinoma of the breast, compared with 13 in 1954; 10 in 1953, and 11 in 1952, and 21 deaths from malignant disease of the stomach compared with 17 last year and 19 in 1953.

General Remarks

There are a few observations I should like to make with regard to the deaths in the Soke of Peterborough in 1955.

Although the death rate is higher than last year, and, indeed, higher than in any year since 1951, it is below that of the country as a whole.

There has been no striking increase in any one cause of death, although the number of deaths from cancer of the lung and bronchus (23) is the highest recorded in this County. This is in accordance with the national trend. It is estimated that the increase among sufferers is about 8 per cent. a year.

While the medical authorities are not really aware of the cause of malignant disease of the lung, certain statistics cannot be ignored. It is known to be a disease which affects town dwellers and is more prevalent among men than among women. Heavy smokers make up to about 87 per cent. of those affected by the disease. It is also a disease which is increased in direct proportion to the density of population, and for this reason one of the important causes is thought to be atmospheric pollution. In this connection, diesel-engine exhaust fumes have been suspected as a cause of lung cancer. Seven years research, however, by two eminent authorities (Dr. Richard Doll and Professor Bradford Hill) has failed to produce a shred of evidence that engine oil fumes are in any way connected with the disease. Indeed, their investigations suggest that cigarette smoking is far more likely to be a contributory

The number of deaths from respiratory tuberculosis is the highest since 1951. According to the Registrar-General, ten people (nine males and one female) died from this disease in the County in 1955, which gives a death rate of 0.15 per 1,000 of the population, compared with 0.07 last year. The rate for England and Wales is 0.13, compared with 0.16 in 1954.

The first General Register Office Report, covering the second half of 1837, tells of 22 per cent. of deaths being due to "consumption or decline" giving a rate of almost 4,000 per million living. It must, of course, be borne in mind that at that time nosology was far from being precise. For instance, jaundice, dropsy and fever were considered to be diseases in themselves rather than symptoms, and those who wasted away with cough, blood spitting and "hectic" fever, were loosely spoken of as consumptive.

In 1855, the death rate from tuberculosis was 3,626 per million, it being easily the most fatal of all diseases; fifty years later, the corresponding figure was 1,632 per million; and a hundred years later, 148.

At no time in its long history has the fall in mortality of tuberculosis been so steep as in the past half dozen years, during which the death rate in England and Wales decreased by two thirds.

Thirty-two deaths are attributed to accidental causes (the same number as last year), 13 of these being due to motor accidents, compared with nine last year.

There were 10 deaths from suicide, compared with six last year—six being in males and four in females. These were all persons living in the City area.

There was, unfortunately, one death due to pregnancy and childbirth; one from syphilitic disease, and seven from influenza, compared with one last year.

No deaths were attributed to diphtheria, whooping cough, measles, or poliomyelitis and one only from other infective and parasitic disease.

Thirty-five deaths occurred in persons of 90 years of age or over, 11 being males and 24 females.

There were 12 deaths in young persons aged between 1 and 15 years, three of these being due to accidental causes.

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Administration:

The County Council, as a Local Health Authority, established a County Health Committee in accordance with the requirements of the National Health Service Act, 1946. The County Health Committee has, in turn, established the following Sub-Committees, which meet once monthly:—

- (a) Care of the Aged Sub-Committee (dealing with all matters under the National Assistance Act, 1948)

The majority of the members of each of the Sub-Committees are members of the Local Health Authority, but there are also co-opted persons who have a special interest in the subjects dealt with by the individual Committees.

SECTION 22—Care of Mothers and Young Children

Ante-Natal Clinics

Ante-Natal Clinics are held at “The Gables” Maternity Hospital, Peterborough, for patients who have booked for admission to Maternity Units of the Regional Hospital Board. Blood testing is carried out as a matter of routine.

A considerable number of women are attended ante-natally by their own doctor. Therefore, no doctors’ ante-natal clinics are held under the auspices of the Local Health Authority.

However, a midwives’ ante-natal clinic is held at the Child Welfare Centre at the Town Hall on four afternoons a week for patients who have booked a domiciliary midwife for their confinement. Blood testing is not carried out at these clinics, but the majority of general practitioners now make these tests and arrangements have been made for me to receive the results of all blood tests. All Midwives’ cases have a general examination by their own practitioners for fitness to receive gas and air analgesia.

During the year 1955, 521 women attended these clinics (265 being new cases) and the total attendances were 1,320 compared with 1,066 attendances made by 397 women in 1954.

Mothercraft classes are held weekly at the Child Welfare Centre, Town Hall, and continue to increase in popularity. Invitations to attend these classes are sent by post from my office to all expectant mothers, including those who have booked for admission to the Maternity Units (a weekly list of such bookings being supplied to me).

During the year 1955, 147 mothers attended the Mothercraft Classes, compared with 147 in 1954, and 118 in 1953.

Relaxation courses for expectant mothers are also held weekly at the Town Hall Clinic and during the year 1955, 103 mothers attended these classes.

Child Welfare Centres

Eleven child welfare centres were maintained by the Local Health Authority at the end of the year. These are situated as follows:—

(1) Town Hall, Peterborough	Tuesday mornings and afternoons. Wednesday afternoons.
(2) Mountsteven Avenue, Walton, Peterborough	Monday and Thursday afternoons.
(3) Dogsthorpe/Newark School, Peterborough	Monday and Thursday afternoons.
(4) Barnack (Methodist Church)	First Wednesday and Third Thursday afternoons each month.
(5) Castor (Village Hall)	Second and Fourth Tuesday afternoons each month.
(6) Eye (Kendall's Rooms)	First and Third Tuesday afternoons each month.
(7) Glinton (School Canteen)	First Thursday and Third Wednesday afternoons each month.
(8) Helpston (School Canteen)	Fourth Wednesday afternoon each month.
(9) Maxey (Congregational Church Hall)	Fourth Thursday afternoon each month.
(10) Newborough (Forrester's Hall)	Second and Fourth Tuesday afternoons each month.
(11) Wittering	First and Third Tuesday afternoons each month.

There are no voluntary child welfare centres in the County, although voluntary workers assist at the Local Authority's Clinics, and their services are greatly appreciated.

Toddler's Clinics were started at the Town Hall and Dogsthorpe towards the end of the year, being held at monthly intervals. Appointments are sent from my office.

A medical officer always attends these clinics.

I append a statistical record of the work performed at the child welfare clinics during the year 1955:—

Number of Centres provided at the end of the year	...	...	...	11
Number of Child Welfare Sessions held per month	...	...	...	42
Number of children who first attended during the year and who, at their first attendance were under 1 year of age	...	...	...	677
Number of children who attended during the year and who were born in: 1955	...	...	...	610
1954	...	...	...	468
1953-50	...	...	...	331
Total number of children who attended during the year	...	...	...	1,409

Number of attendances during the year made by children who at the date of attendance were:

(a) Under one year	...	...	...	...	...	8,534
(b) One, but under two years	...	...	...	...	...	1,691
(c) Two, but under five years	...	...	...	...	...	528
Total attendances during the year	...	...	...	...	...	10,753

The Mothers' Club continues to meet on the first Wednesday evening of each month at the Child Welfare premises at the Town Hall, and is well supported by the mothers of infants attending the Child Welfare Centres in the City of Peterborough. In addition to social activities, talks on health subjects are given, and it is proving a valuable opportunity for health education among the mothers. It is hoped to form a Fathers' Club, on the same lines, in 1956.

Premature Births

Babies weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation, are classified as premature, and arrangements are made for this information to be supplied by doctors and midwives when notifying the birth of a child.

A specially equipped premature baby cot is provided by the Local Health Authority. It is held at "The Gables" and taken from there to any address where it may be required.

Eighty-four premature live births were notified during the year. Fifty-five of these births occurred in hospitals and 29 were born at home. In addition nine premature still-births were notified, eight being born in Hospital and one at home.

Five of the 55 premature babies born in hospital died within 24 hours.

Day Nursery

One Day Nursery (situated in Granville Street, Peterborough) is maintained by the Local Health Authority.

The number of approved places is:

Children aged 0-2 years	...	...	...	...	...	15
Children aged 2-5 years	...	...	...	...	...	30
Total	...	...	...	...	...	45

The number of children on the Register at the end of the year was:—

Children aged 0-2 years	...	...	...	...	...	12
Children aged 2-5 years	...	...	...	...	...	28
Total	...	...	...	...	...	40

Unmarried Mothers and Care of Illegitimate Children

Arrangements for the care of unmarried mothers are made in liaison with Miss A. D. M. Fyfe, M.A., the Moral Welfare Worker (appointed and paid by the Peterborough Women and Girls' Help Society).

Applications were made during 1955 for the admission of seven unmarried mothers to Maternity Homes at the expense of the Local Authority, compared with 11 applications in 1954.

Special visits are made by the health visitors to all unmarried mothers and their children. The Children's Officer and Miss Fyfe assist, where necessary, in securing the adoption of illegitimate children into suitable homes, although it is the policy first to endeavour to find foster parents, or to admit the children to the Day Nursery in cases where the mother has to go out to work.

Dental Care

The Local Health Authority is not responsible for the School Medical Service, and therefore employs no Dental Officer.

A full-time Dental Officer is, however, employed by the Peterborough Joint Education Board, which is an independent Authority. Unofficially, and on a purely personal basis, the School Dental Surgeon does treat a number of pre-school children at the School Dental Clinic, and during the year 1955, 55 such children were examined, and 45 were found to require treatment and were duly treated.

I very much appreciate this helpful co-operation of Mr. T. H. Roberts, L.D.S.

During the year, the Local Health Authority accepted financial responsibility for the provision of new dentures for two nursing mothers who had been treated by dentists in private practice.

Maternity Outfits

Under the National Health Service Act, 1946, these outfits are supplied free of charge in domiciliary confinements, and can be obtained on application to the Superintendent Nursing Officer, Town Hall, Peterborough. The number issued in the year 1955 was 382.

Welfare Foods

A main Welfare Food Distribution Centre is situated at 36 Queen Street, Peterborough (in the City Centre) in premises owned by the County Council.

A staff of one full-time and two part-time clerks, in addition to a full-time porter/handyman are responsible (under the direction of the County Medical Officer), for the sale and distribution of welfare foods. A branch distribution centre is established in the village of Wansford (where no infant welfare clinics are held) in a private house, a small remuneration being paid to the householder for the use of her room and for acting as part-time clerk.

I should like to express my thanks to the Women's Voluntary Service for their help in transporting the welfare foods to the various village clinics (and especially to Mrs. Fowler) whose help and co-operation in this matter is much appreciated.

SECTION 23—Midwives Service

The number of midwives who notified their intention to practice in the County in 1955 was 23.

Twenty-one midwives were practising in the County at the end of the year, viz., 13 in institutions, six as domiciliary midwives and two in private practice.

Each of the six domiciliary midwives employed by the local Health Authority has a car and can, therefore, travel to any case within the County, if necessary.

The number of deliveries attended by the midwives in 1955, showing the number of cases in which a doctor was present, is given below:—

DOMICILIARY CASES

	<i>Doctor not booked</i>		<i>Doctor booked</i>		<i>Cases in</i>	
	<i>Doctor present at delivery</i>	<i>Doctor not present</i>	<i>Doctor present at delivery</i>	<i>Doctor not present</i>		
Midwives employed by the Authority ...	7	307	47	83	444	
Midwives employed by Hospital Management Committee ...	—	—	—	—	—	954
Midwives in Private Practice (including Nursing Homes) ...	—	—	—	—	—	44
Totals ...	7	307	47	83	444	998

It will be noted that the County Council Midwives attended a total of 444 cases in 1955, compared with a total of 397 in 1954; 395 in 1953; 319 in 1952; and 257 in 1951.

In view of the increasing work falling upon the domiciliary midwives, the County Council in 1956 decided to increase the establishment to seven.

Analgesia

All the midwives employed by the County Council are qualified to administer gas and air analgesia, in accordance with the requirements of the Central Midwives' Board. An apparatus is available for use by every midwife, and analgesia was administered during labour to 391 women (domiciliary confinements). Pethedine is also administered by the midwives in domiciliary practice—166 such administrations being made in 1955.

The County Medical Officer is responsible for the medical supervision of the Midwives, and the Superintendent Nursing Officer is responsible for the day to day administration.

SECTION 24—Health Visiting

The Local Health Authority's establishment allows for six full-time health visitors (including one employed wholly as a tuberculosis health visitor) and during the year the approved establishment was fully made up.

The following is a summary of visits paid by the health visitors during the year 1955:—

(a) Home Visits:					<i>First visits</i>	<i>Total visits</i>
Number of children under 5 years of age visited						
during the year	...	...	...	...		4,171
Expectant mothers	...	...	...	...	231	293
Children under 1 year of age	...	...	...	...	1,081	2,906
Children aged 1 but under 2 years	...	...	...	...		1,239
Children aged 2 but under 5 years	...	...	...	...		3,495
Tuberculosis Households	...	...	...	...		9
Other cases	...	...	...	...		1,839
Total number of families or households visited by						
health visitors	...	...	...	...		7,927
Tuberculosis health visitor;	...	...	...	...
Total visits paid to tuberculosis households	...	...	...	...		2,013
Total number of families or households visited by						
Health Visitors	...	...	...	...		9,940
(b) Clinics:						
Total number of attendances made by health						
visitors at local health authority clinic						
sessions during the year	...	...	...	...		517
Total number of attendances by whole-time						
tuberculosis visitor at chest clinic sessions						
during the year	...	...	...	...		252

In this Authority "fruitless" visits are not included in the statistical returns. The number of "fruitless visits" (i.e., when no one can be found at home, wrong address, etc.), paid by health visitors in 1955, was 760.

Five of the health visitors (including the tuberculosis health visitor) have cars, and are classed as "essential users."

In addition to attendance at welfare clinics and visiting expectant and nursing mothers and young children, the health visitors (usually the Superintendent Nursing Officer) investigate the home conditions of women whose confinement in hospital is recommended on social grounds, patients discharged from hospital, certain senile and chronic sick persons, etc.

With the modern interest of the general public in what is widely termed health education nowadays, the health visitor is the mainstay of the preventive health services. She is the family adviser, calling on and being called in to, the household at all times, filling that vital gap in which there is no sickness of note, when the general practitioner is not always filling the families' need. perhaps, for advice and guidance.

This development, anticipated in the 1946 Act, has greatly enlarged the scope of the work of the Health Visitor who, in the past was considered an infant welfare worker only, and has, of course, meant many more calls on the Service.

I do feel that in this county of sixty-five thousand, a review will very soon have to be made of the Health Visitor establishment. With one nurse on the establishment fully employed on tuberculosis clinic and nursing duties, the general work is carried out by the five qualified health visitors—a ratio of one H.V. to thirteen thousand of the population—a ratio much below that pertaining throughout the country.

SECTION 25—Home Nursing

Ministry of Health Circular 17/55 states that the Minister would be glad to have on this occasion, fairly full details of any special provision made for the home nursing of sick children and also some analysis of the types of work which home nurses are now being called upon to do, e.g., the extent to which they are required to pay special visits for the purpose of giving injections.

In the City of Peterborough home nursing is undertaken by the Florence Saunders Nursing Association on an agency basis, six whole-time nurses being employed.

In the rural areas of the County, three full-time district nurses are employed by the Local Health Authority. Each nurse in the rural area is provided with a car, so that the whole County is adequately covered by these nurses, who reside at Barnack, Glinton and Walton.

Patients requiring nursing are usually notified to the district nurse, direct by general practitioners. The Hospital Almoner contacts the nurses about cases needing nursing care on discharge from hospital.

I append details of the work carried out by the District Nurses during the year 1955:—

						<i>No. of Cases</i>	<i>No. of Visits</i>
Medical	...	...	...	...	...	660	22,701
Surgical	...	...	...	...	...	112	2,871
Tuberculosis	...	...	...	...	...	5	144
Maternal Complications				...	...	14	113
Others	...	...	...	...	...	7	164
Totals	...	...	...	...	...	798	25,993

Of the above patients, 22 only were children who were under 5 at the time of the first visits—and a total of 91 visits was paid to them. In addition, a small number of children between the ages of 5 and 14 years were visited, chiefly for enemas, dressings following accidents, etc. A few visits were paid for giving penicillin injections. However, 541 out of the total of 798 cases visited by the district nurses during the year or, approximately 70 per cent., were patients who were aged 65 years or over at the time of the first visit.

As many as 227 of the 798 patients had more than 24 visits paid to them by the district nurses during the year.

The home nursing service continues to run smoothly and efficiently, and no difficulties have been experienced.

No night service is provided but evening visits are made by the district nurses if necessary.

SECTION 26—Vaccination and Immunisation

In this County, vaccination and diphtheria immunisation are carried out by general practitioners, the fees for completed record cards being paid by the Local Health Authority.

Up to the present this Authority has made no arrangements for immunisation against whooping cough, although a number of general practitioners carry out whooping cough immunisation at the time the child receives diphtheria prophylactic.

Every effort is made by persuasion and propaganda to get the children vaccinated and immunised, the arrangements being the same as those described in previous reports.

The incidence of diphtheria in the country as a whole remained much the same in 1955 as in 1954. Since 1948, notifications have fallen from 3,575 to a new low figure of 161 (provisional) for 1955. The following are the figures for deaths and notifications (corrected for England and Wales since 1948):

<i>Year</i>	<i>Deaths</i>	<i>Corrected Notifications</i>
1948	156	3,575
1949	84	1,890
1950	49	962
1951	33	664
1952	32	376
1953	23	266
1954	9	173
1955	11 (provisional)	161 (provisional)

No cases of diphtheria have been notified in the Soke of Peterborough since 1947, and no deaths have occurred since 1946.

The statistics for vaccination and diphtheria immunisation in relation to the year 1955 are appended:—

Diphtheria Immunisation

Number of Children at 31/12/55 who had completed a course of immunisation at any time between 1st January, 1941, and 31st December, 1955.

<i>Age on 31/12/55 (i.e. born in year)</i>	<i>Under 1 1955</i>	<i>1—4 1951-54</i>	<i>5—9 1946-50</i>	<i>10—14 1941-45</i>	<i>Under 15 Total</i>
A. No. of children who have completed course in period 1951-1955 ...	68	2,578	1,869	262	4,777
B. No. of children who have completed course in period 1941-1950 ...	—	—	2,212	3,172	5,384
C. Estimated mid - year child population ...	1,080	3,920	9,600		14,600
Immunity Index ...	6.3%	65.7%	78.2%		69.5%

Vaccination

Number of persons vaccinated (or re-vaccinated)
during the year ended 31/12/55.

<i>Age at date of vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2—4</i>	<i>5—14</i>	<i>15 or over</i>	<i>Total</i>
No. vaccinated ...	308	29	16	14	29	396
No. re-vaccinated ...	4	—	3	6	46	59

SECTION 27—Ambulance Service

The County Council is responsible under the National Health Service Act, 1946, for arranging the conveyance of sick and injured persons who are unfit to travel by ordinary means of transport, where the necessity arises.

The area covered by the County Ambulance Service is the whole County of the Soke of Peterborough, and certain adjoining areas. e.g., Old Fletton U.D., Norman Cross R.D., Conington Parish (Hunts.) and Crowland District (Holland).

The service is equipped with the following vehicles:—

Ambulances

- 2 Morris 16 h.p. Ambulances (purchased in 1955)
- 1 Daimler 27 h.p. Ambulance
- 1 Austin "Welfarer" Ambulance which has been converted into a sitting case Clinic Ambulance

Sitting Case Cars

- 2 Austin 16 h.p. Hire Cars

The above service is augmented as follows:—

Hospital Car Service

Organised by W.V.S.

St. John Ambulance Brigade, Peterborough

One Ambulance available for long runs, if 24 hours' notice is given.

St. John Ambulance Brigade, Stamford

Two Ambulances available for service in the Barnack Rural District for all stretcher (except infectious and mental patients) and sitting car cases.

British Red Cross (Kesteven)

One light ambulance and four private cars available for sitting cases in the Barnack Rural District.

The following is a summary of the work carried out by the Ambulance Service in 1955, and for comparison, the figures for 1954 are also given:—

Directly provided service

				<i>Total patients carried</i>		<i>Total mileage</i>	
				1954	1955	1954	1955
Ambulances	...	...	...	5,361	4,934	44,605	48,591
Sitting Case Cars	...	...	...	7,131	7,687	73,628	71,321

Agency Services

St. John Ambulance (Stamford)	...	...	...	99	122	1,375	1,545
Kesteven County Council	...	...	...	
Sitting case vehicles	327	191	6,884	4,122

Supplementary Services

Hospital Car Service	830	685	47,695	40,348
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Totals	13,748	13,619	174,187	165,927
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SECTION 28—Prevention of Illness, Care and After-Care

Tuberculosis

The Authority's responsibility is in relation to prevention, care and after-care, treatment being provided by the Regional Hospital Board.

One full-time Tuberculosis Health Visitor is employed by the local Health Authority. She works in close co-operation with the Chest Physicians of the Regional Hospital Board and, in addition to assisting them at the Chest Clinics, she carries out home nursing of tuberculosis patients, visits all contacts to investigate home conditions and to persuade them to come to the Chest Clinic for examination, and carries out "Patch" testing of children, etc.

A report on the environmental condition of each case of tuberculosis notified is submitted by the After-Care Tuberculosis Nurse to the County Medical Officer, who takes steps to see that all contacts are traced and, if possible, called up for examination by the Chest Physician.

Beds, bedding, open-air shelters and nursing requisites are available for patients being nursed at home. These patients also receive domestic help if required, and four such patients were assisted during the year. Free milk is provided for tuberculosis patients in necessitous cases.

In addition, arrangements exist with the Settlements for the reception of suitable patients. When these patients are able to work for at least five hours a day the County Council accepts financial responsibility for their maintenance.

During the year 1955, two such patients were at Papworth Hall (one being discharged in July, 1955) and one at Preston Hall.

The Minister of Health has authorised the provision of B.C.G. (*Bacillus Calmette-Guerin*) vaccination for infants and other young contacts of tuberculosis patients, and to those who are at special risk by reason of their occupation.

During 1955, a total of 52 persons received vaccination, which was carried out at the Chest Clinic.

Other Types of Illness

For the care and after-care of the non-tuberculous sick, patients discharged from hospital, etc., any necessary nursing care and attention is provided through the Council's Home Nursing Service. The Authority provides nursing equipment and apparatus required by patients being nursed at home, such as wheel chairs, bed rests, bed pans, mackintosh sheetings, etc. As with the tuberculous, domestic help is available, and 156 chronic sick persons received domestic help during the year.

Close co-operation is maintained with the Children's Officer, whose aid is sometimes necessary where residential accommodation is required for children during a domestic emergency, such as illness or confinement of the mother.

Health of Children

Prevention of break-up of families

On November 30th, 1954, the Ministry of Health issued a Circular (27-54) on the prevention of break-up of families, stressing means by which a local health authority may be able to assist the family in such a way that children can continue to live at home, when, for instance the mother is ill; to help children in "problem" families, etc.

The Minister asks that a brief description of developments in the services which assist the family in the way indicated in that Circular should be included in this Report.

I can only say that many years prior to receipt of the Circular, and without any prompting from the Ministry, we in this County did everything possible to prevent the break-up of families, by the provision of domestic help in the case of mental and emotional instability on the part of the parents, by arranging for the admission of younger children to a Day Nursery or Nursery School, by advice and help from health visitors, the Moral and Social Welfare Officers, and by help from the W.V.S., dependent on the salient need.

A monthly meeting with the Superintendent Nursing Officer, health visitors, Children's Officer, Moral Welfare Worker, N.S.P.C.C. Inspector and the Senior School Enquiry Officer is held, at which individual cases are discussed and a line of action decided upon.

It has been possible to give practical help and advice in certain cases, although in this area, where the small number of "problem" families are well known, and where there is full employment and good wages, the problem is not an acute one. The few cases that arise can usually be dealt with without calling in all "the powers that be" and without the necessity of successive visits by health visitors, home help organisers, N.S.P.C.C. Inspectors, Social and Moral Welfare Workers, Sanitary Inspectors, Psychiatric Social Workers, School Enquiry Officers, Housing Managers, and the usual host of officials of which reference is occasionally made at conferences, congresses, etc.

Health Propaganda

Health education plays an important part in the prevention of illness, and I lay great stress upon this.

During the year, leaflets and posters on a variety of health subjects were distributed to the public through Welfare Centres, and the health visiting staff. Suitable posters are also displayed in the various clinics. Pamphlets on health matters and copies of the journal "Better Health" are distributed free of charge at the welfare clinics. Copies of the "Family Doctor" are also available at the usual price.

The County Medical Officer, Deputy County Medical Officer, and other members of the County Public Health staff, frequently give talks and lectures to social, religious and other organisations on various aspects of health, hygiene, and accidents in the home. Flannelgraph and film-strip lectures are usually given to mothers attending the Mothers' Club and the Mothercraft Classes. The tea-time discussion is a feature of each Infant Welfare Clinic.

SECTION 29—Domestic Help Service

Under the permissive powers of Section 29 of the National Health Service Act, 1946, the County Council have, since 5th July, 1948, provided a Domestic Help Service, which is available to households where there is present "any person who is ill," an expectant mother, mentally defective, aged, or a child not over compulsory school age" and help from other sources is either not available or needs to be supplemented. The amount of help given varies according to the needs of the individual assisted.

At the end of the year 1955, 32 part-time and four whole-time domestic helps were employed. They are under the supervision and direction of a part-time Home Help Organiser working officially 24 hours per week, with the assistance of a part-time Assistant Home Help Organiser.

In 1955, 336 cases were assisted, compared with 285 in 1954; 298 in 1953; 211 in 1952; and 240 in 1951.

The 336 cases comprised:—

(1)	Maternity (including expectant mothers)	...	...	70
(2)	Tuberculosis	...	...	4
(3)	Chronic sick including aged and infirm	...	...	156
(4)	Others	...	...	106
Total				336

The domestic help service is growing both in popularity and cost. Since 1951, the net cost has increased from £2,034 to £4,416. The following statement (prepared by the County Finance Department) will give some idea of the growth of this service during the last few years.

DOMESTIC HELP SERVICE

Period	Hours Recharged	Free Service	Holidays Sickness & Travelling	Total & Hours Paid	No of cases assisted	Gross Cost £	Re- cover- able £
13 weeks to 27/2/53	4455	2410	922	7787	153	1217(a)	251
13 weeks to 29/5/53	4676	2781	831	8288	161	1157	310
13 weeks to 28/8/53	4420	2827	1338	8585	161	1185	329
13 weeks to 27/11/53	4545	3313	757	8615	156	1151	334
(52 weeks)	18096	11331	3848	33275		4710	1224
(a) includes arrears of pay £156	54.4%	34.0%	11.6%	100%			26.0%
13 weeks to 26/2/43	4648	2918	873	8439	168	1173	335
13 weeks to 28/5/54	5009	3052	721	8782	155	1292	352
13 weeks to 27/8/54	4882	2491	1687	9060	171	1301	359
13 weeks to 26/11/54	5239	3186	520	8945	152	1329	361
(52 weeks)	19778	11647	3801	35226		5095	1407
	56.1%	33.1%	10.3%	100%			27.6%
13 weeks to 25/2/55	5432	3327	993	9752	171	1434	408
13 weeks to 27/5/55	5199	3429	1247	9875	192	1430	394
13 weeks to 26/8/55	4929	3580	1313	9822	192	1591	413
13 weeks to 25/11/55	6166	3706	568	10440	186	1669	493
(52 weeks)	21726	14042	4121	39889		6124	1708
	56.1%	33.1%	10.8%	100%			27.6%

Year	Weeks	Gross cost £	Recovered from users £	Net cost £	Net from Rate £
1951	53	2980	946	2034	1017
1952	52	3285	1025	2260	1130
1953	52	4710	1224	3486	1743
1954	52	5095	1407	3688	1844
1955	52	6124	1708	4416	2208

Standard charge increased from 2/- to 2/6 an hour with effect from 4th April, 1953, and to 2/9 per hour from 30th July, 1955.

Maximum charge per week for Maternity cases introduced on 31st May, 1949, at £3 (12/- per day) and increased to £3 15s. (15/- per day) with effect from 27th February, 1954.

Rate of pay per hour for Home Helps:—

From 5th July, 1948	...	...	1/6
From 3rd January, 1949	...	...	1/9
From 20th September, 1952	...	...	2/3
From 29th November, 1952	...	...	2/3 $\frac{3}{4}$
From 24th October, 1953	...	...	2/4 $\frac{3}{8}$
From 7th August, 1954	...	...	2/5 $\frac{3}{4}$
From 14th May, 1955	...	...	2/7 $\frac{7}{8}$

SECTION 51—Mental Health Service

1. ADMINISTRATION:

(a) Constitution and Meetings of Mental Health Sub-Committee.

The Mental Health Sub-Committee of the County Health Committee deal with the functions connected with the care and welfare of mental patients and mental defectives, and consists of eight members of the County Council and three co-opted members, one of whom is a Medical Practitioner who is Secretary of the Local Medical Committee of the Executive Council. The Sub-Committee meets on the third Tuesday of each month.

(b) Staff

The County Medical Officer of Health is Medical Adviser to the Committee. A new appointment during the year was that of Social Welfare Officer, who is also the Duly Authorised Officer. There is one Deputy Duly Authorised Officer (also Chief Clerk in the Public Health Department) and one part-time Occupation Centre Supervisor who is a certificated teacher.

(c) Co-ordination with Regional Hospital Boards, etc.

The Co-ordination with the Sheffield Regional Hospital Board's Medical and lay staffs in the Mental Health sphere has continued on a high level during the year. This, I feel, has been of great benefit to all concerned — particularly the patients and their families. The close liaison has resulted in a ready exchange of views, and consultations on cases are frequently held with medical and professional staff of the hospital.

Considerable delay is still experienced in the admission of mental defectives to Hospitals of the East Anglian Hospital Board. The position was eased somewhat with the opening of the new villas at Little Plumstead Hospital, but the present waiting list has remained static for many months.

Supervision of mental defectives on licence in the County is undertaken on behalf of Hospital Management Committees. Home circumstance reports are also submitted where the Management Committee is to consider the discharge on licence or holiday leave of a patient.

Further liaison with the Hospital Service has been obtained through the Consultant Psychiatrists for the area who have, during the year, again given their assistance in coping with the difficult cases which arise from time to time. Their ready help and advice has been of immeasurable value. I would especially like to mention Dr. Cole and Dr. L. G. W. Johnston-Hannah of Rauceby, dealing with Mental Illness, and Dr. R. H. Gaman of Risbridge, dealing with Mental Deficiency problems.

By arrangement with the Medical Superintendent of the Area Mental Hospital, my Welfare Officer spent three days at Rauceby Hospital and, during this time, was able to see treatment administered to patients and their day to day routine, the social activities, occupational therapy, etc. Every facility was offered to him and, in this way, an excellent relationship was established with the staff. I recommend this wholeheartedly, as the experience gained by this officer has assisted him in the carrying out of his duties under the Lunacy and Mental Treatment Acts, and enables him to describe conditions with accuracy to enquiring relatives, etc.

(d) Delegation of Duties

No duties under the Mental Health Service are delegated to Voluntary Associations.

2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY:

(a) Prevention, Care and After-Care

The psychiatric clinic which is held each Wednesday at the local General Hospital is now well established, and the number of patients admitted to the mental hospital in no way reflects the number of cases referred to the Consultants by the General Practitioners and Health Workers. The more enlightened attitude of the public, and the ability of the General Practitioners to diagnose mental ill-health in its earlier stages, has resulted in help and advice being sought at the clinic more readily than in previous years. Greatly improved conditions in mental hospitals, together with radio and press propaganda, have assisted in the education of the general public towards mental health.

The increasing calls upon the time of my Social Welfare Officer by the public, police and medical profession, is indicative of the closer liaison and happier working relationship now operating in the mental health field.

Care and after care of the mentally ill and mental defectives continues to be carried out by my Social Welfare Officer, assisted when considered necessary by the Health Visitor Staff. All persons on licence from Mental Hospitals and Mental Deficiency Hospitals who reside within the area of the Local Health Authority are visited, and help and advice given where necessary.

A copy of a report by the Medical Superintendent of Rauceby Hospital on patients' progress while in hospital is supplied to the County Medical Officer.

My Social Welfare Officer and the Psychiatric Social Worker attached to the Mental Hospital, have continued their regular discussions regarding the care and after-care of patients. Through their efforts, the patients' stay in hospital is more trouble-free and any day to day problems, particularly those causing concern to relatives, which may arise, are quickly ironed out.

Lunacy and Mental Treatment Acts

The Social Welfare Officer, in his capacity as Duly Authorised Officer, deals with all matters arising under these Acts, arranging admission to hospital of patients and, where necessary providing transport.

There is a happy working relationship with the General Practitioners, and every effort is made with them to arrange voluntary admissions wherever possible. In the case of old people, the use of alternative accommodation is considered before action is taken under the Acts. During the year, the number of patients admitted to the Mental Hospital under Section 20 of the Lunacy Act, increased appreciably, which is particularly gratifying in view of the present emphasis on the avoidance of certification. This threw a heavier load on my Welfare Officer but of those patients admitted under Section 20, only one was certified at the Hospital. The remainder were received as voluntary patients after the expiry of the Order, or after extension for a further period of fourteen days by the Medical Superintendent. While this has reduced the number of certified patients, it does entail additional work for my Officer, but the use of the three day Order affords an opportunity of instituting treatment so that by the end of a few days' compulsory detention, many patients are persuaded to remain in Hospital on a voluntary basis.

It is worthy of note that in many instances where it had been anticipated that the Acts would have been brought into force, that enlightened explanation of the implications of certification by my social worker has produced the situation that patients have entered hospital voluntarily — a much better course of events.

Cases dealt with under the Lunacy and Mental Treatments Acts during the year were as follows:—

<i>Lunacy Act, 1890</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Summary Reception Order	...	...		12	12	24
"Three Day" Order, Section 20	...	...		6	9	15
<i>Mental Treatment Act, 1930</i>						
Voluntary Patients	...	...	...	49	52	101
				67	73	140

The age groups of these cases were as follows:—

	<i>Males</i>	<i>Females</i>
16 — 20	4	—
21 — 30	12	12
31 — 40	16	5
41 — 50	10	14
51 — 60	14	17
61 — 70	4	20
70	7	5

The number of cases in Mental Hospitals under the Lunacy and Mental Treatment Acts on 31st December, 1955, was as follows:—

<i>Name of Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Bracebridge Heath Hospital	2	13	15
Cambridge (Fulbourn Hospital)	—	1	1
Derby Borough (Kingsway Hospital)	—	1	1
Leicester City (The Towers) Hospital	—	3	3
Leavesden Hospital, Abbots Langley	1	—	1
Nottingham City (Mapperley Hospital)	—	1	1
Rauceby Hospital	77	79	156
	80	98	178

Mental Deficiency Acts, 1913-38

Ascertainment

Arrangements exist whereby all departments of the County Council dealing with pre-school children refer any retarded child to the County Medical Officer for investigation. The County Medical Officer is also the Principal School Medical Officer and thus, all school children are brought to his notice and, where necessary, referred to the Local Health Authority. The General Practitioners, on the whole, are showing increasing interest and co-operation.

Supervision

The Social Welfare Officer visits all defectives under Statutory Supervision, on licence, and under Guardianship, and gives advice to parents and relatives. Where the defective is adequately protected, supervised and cared for in good home surroundings, little is needed, apart from advice on problems which might arise. In addition to the Statutory obligations upon the Local Health Authority to see that a patient is well cared for and under suitable control, help and advice are given in obtaining employment, medical treatment, on personal problems, the supply of nursing equipment, and Home Helps.

At the request of Hospital Management Committees and other Local Health Authorities, visits are paid to homes when Statutory reconsideration of Orders, applications for leave of absence or licence are being considered. The County Medical Officer is kept in touch with all cases and, where necessary, visits and examines the patients in their own homes, in addition to his routine visits of inspection.

Training of Mental Defectives

The Occupation Centre which is held at the Town Hall, Peterborough, each Wednesday and Friday afternoon, continues to render a great service to those defectives who attend and benefit is derived by them from the instruction, and their social contacts. As I pointed out in my last report, there is a growing need in the area for this type of instruction.

The strain of having a normal child at home all day, all the year round, would be great and it can, therefore, be imagined the tremendous strain involved in having a handicapped child requiring never-ending care and supervision. I feel that the responsibilities of parents of handicapped children can be the cause of mental or physical ill-health in the parent. Only by the provision of a full-time Occupation Centre can we help to alleviate this problem and thus maintain the home life and health of the family as a whole.

On the 31st December, 1955, the following Mental Defectives were in Hospitals, on Licence, under Guardianship and Statutory Supervision:—

<i>In Hospitals</i>				<i>Males</i>	<i>Females</i>	<i>Totals</i>
St. John's Hospital, Peterborough	...	...	...	15	13	28
Stoke Park Colony, Nr. Bristol	...	...	...	6	5	11
Whittington Hall, Chesterfield	...	...	...	—	3	3
Riversfield Home, Haverhill	...	...	...	4	1	5
Bradwell Grove Hospital, Nr. Burford	...	...	...	1	—	1
Little Plumstead Hospital, Nr. Norwich	...	...	...	18	7	25
Great Barr Colony, Nr. Birmingham	...	...	...	1	—	1
Bourne Institution, Bourne, Lincs.	...	...	...	—	1	1
Lisieux Hall, Nr. Chorley	...	...	...	1	—	1
Rampton State Institution	...	...	...	1	1	2
				47	31	78

Mental Defectives on Licence	...	...	...	4	6	10
Mental Defectives under Guardianship	...	...	...	1	—	1
Mental Defectives under Statutory Supervision	...	...	...	33	37	70
Mental Defectives awaiting admission to Hospitals	...	...	...	3	1	4
Cases Ascertained during the year	...	...	...	3	1	4

Accommodation Waiting List

The waiting list showed some improvement over the previous year which was due mainly to the erection of a new villa at Little Plumstead Hospital. There remains a number of really urgent cases for whom the Regional Hospital Board is still unable to provide beds. Plans, which if implemented, for a further increase in the number of beds, may allow some admissions from this waiting list which has caused so much anxiety over a number of years.

During the year one defective was admitted to Little Plumstead Hospital for short term care, in accordance with Ministry of Health Circular 5/52.

Ambulance Service

The Ambulance Service is available for the conveyance of patients to Mental Hospitals and Mental Defective Institutions, and their most helpful co-operation in the removal of cases under the Lunacy and Mental Treatment Acts and Mental Deficiency Acts has been highly appreciated by my staff.

The arrangement with the Hospital Management Committee whereby trained nurses are available to accompany patients continues to work smoothly.

HANDICAPPED PERSONS

Epileptics and Spastics

No comprehensive Welfare Scheme for handicapped persons has yet been approved in this area, and therefore there is little information about the incidence of epilepsy and cerebral palsy in adults. In my capacity as Principal School Medical Officer, I am, of course, aware of such cases occurring among the school population.

A School for spastic children has recently been opened at Tixover Grange (in the adjoining county of Rutland) at which 6 day pupils and two boarders from Peterborough attend.

Deaf and Dumb

The Northamptonshire and Rutland Mission to the Deaf gives most valuable assistance (on an agency basis) to the welfare of the deaf and dumb of the County.

The Soke of Peterborough County Council contributes £100 per annum to this Society (which is Registered under the National Assistance Act, 1948).

The objects of the Mission are:—

- (1) To provide spiritual instruction for the Deaf and to assist the clergy in dealing with them.
- (2) To provide special services and to interpret for them when required.
- (3) To seek out the deaf in the Mission area, and to visit them in their homes.
- (4) To visit the sick and others, and to help them in every practical way.
- (5) To educate, as far as practicable, the adult deaf whose education has been neglected.
- (6) To assist the deaf in obtaining employment.
- (7) To provide suitable recreation.
- (8) To assist in getting deaf children sent to and admitted into suitable schools.

Lip reading classes are carried on at Peterborough by Mr. Stanley Gascoine, and I can speak from personal knowledge of the good work undertaken by Mr. Gascoine on behalf of the deaf and dumb in Peterborough. During the year he was able, by patience and effort, to place one deaf man in a very suitable occupation.

In the Annual Report of the Northamptonshire and Rutland Mission to the Deaf, the following comments are made in regard to Peterborough:—

“Because of distance, Peterborough has to be treated as a separate entity, but whenever possible the Peterborough deaf are brought to Northampton by coach, and to the general party at Wellingborough. We hope that arrangements can be made in the future for Wellingborough and Northampton Clubs to be taken to Peterborough from time to time, not to give Northampton and Wellingborough a trip, but to help Peterborough to develop “centre” organisation. Peterborough is part of the family and we must do everything to keep the family feeling, in spite of the distance. We are most grateful to Mr. Gascoine for all his work as Hon. Welfare Officer at Peterborough, and also to Mrs. Gascoine for the help she gives.”

Blind

The welfare of the blind in the Soke of Peterborough is undertaken by the Peterborough Association for the Blind, acting as agents of the County Council.

The Executive Committee consists of 16 members, nine of whom are appointed by the County Health Committee, and seven by the Peterborough Blind Association.

The Ophthalmic Surgeon to the Peterborough Blind Association is Dr. J. H. Gann, M.R.C.S., and the Secretary and Blind Teacher is Miss M. H. P. White.

The number of registered blind persons in the County at 31st December, 1955, was 145, their sexes and ages being as follows:—

<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
5 — 10	—	1	1
11 — 15	1	1	2
16 — 20	—	—	—
21 — 30	2	2	4
31 — 39	1	2	3
40 — 49	4	—	4
50 — 59	7	3	10
60 — 64	6	4	10
65 — 69	9	8	17
70 plus	38	56	94
Totals	68	77	145

It will be noted that nearly 70 per cent. of the registered blind in the County are 70 years of age or over.

The following Table gives particulars of the 40 blind and partially sighted (P/S) cases certified on Form B.D.8 in the County during 1955.

	<i>Causes of Disability</i>							
	<i>Cataract</i>		<i>Glaucoma</i>		<i>Retrolental Fibroplasia</i>		<i>Others</i>	
	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>
(i) No. of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends								
(a) No treatment	6	2	1	2	—	—	9	6
(b) Treatment medical, surgical or optical	5	5	1	—	—	—	3	—
ii) No. of cases at (1) (b) above which on follow-up action have received treatment	2	1	—	—	—	—	—	—

The Report of the Peterborough Association for the Blind covers the period 1.4.55 to 31.3.56.

During this period, 1,760 visits were paid by the Home Teacher, compared with 2,125 in the previous year.

During the year under review, there were 29 new registrations, 14 men and 15 women. Nine men and 11 women died. Three men had moved away from Peterborough and three had come to the City from other areas. One woman had been de-certified after a successful operation.

Fourteen cases were added to the register of partially-sighted cases during the year, and two men and one woman died, leaving a total of 46 cases on the register.

Welfare Work

An outing and tea was arranged by the Welfare Committee for the Blind, and a party was held at Christmas. Both events were well attended and enjoyed. A Summer holiday grant, as well as Christmas gifts, were given, also bed linen and clothes for those who needed them. One woman was sent away for a month's convalescence.

The Harp Orchestra is still very popular, and has given many concerts which have been the means of raising funds for other charities.

The Social Club is still adding to its membership, and had an enjoyable "Birthday Party" and outing to the sea during the year.

SECTION III

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES

Notifiable Diseases

1,872 cases of infectious disease were notified to the District Medical Officers of Health during 1955, compared with 300 in 1954, 379 in 1953, and 2,016 in 1952.

The increase is due chiefly to an epidemic of measles, 1,280 cases being notified during the year. It is, however, gratifying to note that despite the large number of cases of the disease, no deaths occurred. 47 cases of dysentery and ten of food poisoning were notified in 1955. Notifications of scarlet fever decreased from 72 in 1954 to 22 in 1955, but there was an increase in cases of whooping cough from 148 to 373.

Eight cases of poliomyelitis were notified, six being of the non-paralytic type, but I am glad to say no deaths occurred from this disease in 1955.

The following Table shows the number of cases of each disease notified in the various sanitary districts:—

<i>Disease</i>	<i>Peterboro' M.B.</i>	<i>Peterboro' R.D.</i>	<i>Barnack R.D.</i>	<i>Total</i>
Scarlet Fever	18	—	4	22
Whooping Cough	280	92	1	373
Measles	1,206	54	20	1,280
Pneumonia	41	2	4	47
Erysipelas	2	—	—	2
Puerperal Pyrexia	30	—	—	30
Tuberculosis; Respiratory	30	3	—	33
Tuberculosis; other	8	—	—	8
Dysentery	40	7	—	47
Food Poisoning	10	—	—	10
Paratyphoid	8	1	—	9
Encephalitis	1	—	—	1
Poliomyelitis; Paralytic	2	—	—	2
„ non-paralytic	5	—	1	6
Malaria	2	—	—	2
Totals	1,683	159	30	1,872

All the notified cases of Puerperal Pyrexia were notified from maternity hospitals or maternity units attached to hospitals.

Tuberculosis

During 1955, there were 33 new cases of respiratory tuberculosis and eight of non-respiratory tuberculosis notified.

The following table shows the age groups and sexes of the new cases notified in 1955:—

<i>Age Period</i>	<i>Respiratory</i>		<i>Non-respiratory</i>		<i>Total</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
2 — 5	2	—	—	2	2	2
5 — 10	1	2	—	—	1	2
10 — 15	1	1	—	—	1	1
15 — 20	1	2	1	—	2	2
20 — 25	2	2	1	—	3	2
25 — 35	6	—	—	2	6	2
35 — 45	5	3	—	1	5	4
45 — 55	2	1	—	—	2	1
55 — 65	—	—	—	—	—	—
65 — 75	2	—	—	1	2	1
Total	22	11	2	6	24	17

Two other cases of respiratory tuberculosis came to the knowledge of the County Medical Officer otherwise than by formal notification, e.g., from death returns from local registrars.

The incidence of notifications per 1,000 of the population is 0.50, compared with 1.2 in 1955, 0.92 in 1953, 1.5 in 1952 and 1.02 in 1951.

The number of notifications of respiratory tuberculosis is the lowest since 1948, when 28 new cases came to notice. Last year, 77 notifications were received.

It will be noted that seven cases of respiratory tuberculosis, or 21 per cent. of the new cases notified occurred in children under the age of 15 years.

Deaths

Ten deaths were attributable to respiratory tuberculosis in the County in 1955, nine being males and one a female. This gives a death rate of 0.15 per 1,000 of the population, compared with a rate of 0.07 in 1954; 0.06 in 1953; 0.13 in 1952; and 0.21 in 1951.

The rate for England and Wales in 1955 was 0.13.

For the first time, therefore, the death rate from respiratory tuberculosis in the Soke of Peterborough is higher than that for the country as a whole.

No deaths are attributable to non-respiratory tuberculosis.

I append a table in relation to respiratory tuberculosis showing the number of notifications and deaths in the County during the last 20 years, and the incidence of deaths to new notifications:—

<i>Year</i>	<i>New Notifications</i>	<i>Deaths</i>	<i>Percentage of deaths to Notifications</i>
1936	39	21	53.8
1937	40	31	77.5
1938	29	18	62.0
1939	24	24	100.0
1940	25	8	32.0
1941	31	18	58.0
1942	43	22	51.1
1943	42	21	50.0
1944	43	11	25.8
1945	46	20	43.4
1946	43	23	53.4
1947	58	15	25.8
1948	28	19	67.8
1949	42	10	23.8
1950	73	10	13.7
1951	58	14	24.3
1952	84	9	10.7
1953	53	4	7.5
1954	77	5	6.5
1955	33	10	30.3

Notifications of Respiratory Tuberculosis and Deaths in the year 1946-1955

<i>Year</i>	<i>Primary Notifications</i>	<i>Five year average</i>	<i>Deaths</i>	<i>Five year average</i>
1946	43	49	23	15
1947	58		19	
1948	28		19	
1949	42		10	
1950	73		10	
1951	58	61	14	8
1952	84		9	
1953	53		4	
1954	77		5	
1955	33		10	

Residential Accommodation

All admissions to Sanatoria are arranged by the East Anglian Regional Hospital Board, and patients are usually admitted within a few weeks of their names being submitted to the Regional Hospital "Bed-finding Bureau."

During the year, a total of 62 patients from the Soke of Peterborough were admitted to Sanatoria, viz., 34 men, 17 women and 11 children, compared with a total of 69 admitted in 1954.

At the end of the year, 43 patients from the Soke of Peterborough were accommodated in the following Institutions:—

<i>Sanatorium</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>
Kelling Sanatorium, Holt	8	—	—
Papworth Hall, Cambridge	3	6	—
Nayland Sanatorium, Colchester	—	4	—
Children's Sanatorium, Holt	—	—	6
Fletcher Convalescent Home, Cromer	—	—	1
Manfield Orthopaedic Hospital	—	—	1
Bourne Isolation Hospital	7	2	1
Newmarket General Hospital	2	1	—
East Dereham Isolation Hospital	1	—	—
Totals	21	13	9

One patient was awaiting admission to Sanatoria at the end of the year.

Prevention of Tuberculosis

The Consultant Chest Physician (Dr. G. B. Royce) submits quarterly reports to the County Health Committee on prevention of tuberculosis.

A summary of these reports shows that a total of 1,337 contacts were examined at the Chest Clinic during the year ended December 31st, 1955, compared with 1,786 in the previous year. 205 of these contacts were new, compared with 390 last year.

The arrangements for the prevention of tuberculosis and after-care of patients continue to work satisfactorily. During the winter months there was a marked falling off in the attendance of contacts at the evening clinics, but the attendances were back to normal by the spring. Dr. Royce comments: "Unfortunately, 'normal' is not a great deal more than 80 per cent. of those sent for but I have discussed this with my colleagues in other Chest Clinics, and I do not think the attendance figure for Peterborough is any worse than anywhere else. It is a constant battle to persuade contacts that it is necessary to remain under supervision, particularly those who have been so for some time without it ever having been found that anything had gone amiss, but I think strenuous efforts by all the people concerned should be directed towards encouraging the attitude that the Clinic is there to help them, and to try and avoid serious disability."

B.C.G. Vaccination

B.C.G. Vaccinations are carried out at the Chest Clinic and the scheme appears to be running smoothly.

During the year 1955, a total of 52 B.C.G. vaccinations were carried out, compared with 86 in 1954.

Public Health (Prevention of Tuberculosis) Regulations

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from respiratory tuberculosis employed in the milk trade), or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

Venereal Diseases

There is one Venereal Disease Clinic in the area of the Soke of Peterborough, which is situated at the Out-Patient Department of the Peterborough Memorial Hospital.

The East Anglian Regional Hospital Board is responsible for the clinical work and administration. The Consultant Venereologist in charge of the

Centre is Dr. N. A. Ross, and the clinics are held as follows:—

Males

Mondays 5.30—7 p.m.

Wednesdays 5.30—7 p.m.

Females

Tuesdays 10.30—12 noon

Thursdays 5.30—7 p.m.

176 patients attended the clinic for the first time during the year 1955, compared with 177 in 1954; 214 in 1953; 156 in 1952; 174 in 1951 and 235 in 1950.

These were classified as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	6	11	17
Gonorrhoea	27	5	32
Chancroid	4	—	4
Non-gonoccal urethritis	43	—	43
Other conditions requiring treatment	25	14	39
Conditions not requiring treatment ...	19	12	31
Undiagnosed conditions at 31.12.55 ...	8	2	10
Totals	132	44	176

These patients came from the following areas:—

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Soke of Peterborough	7	12	74
Huntingdonshire	4	7	21
Isle of Ely	2	1	4
Kesteven	1	4	13
Northamptonshire	1	3	8
Other Areas	2	5	7
Totals ...	17	32	127

A total of 112 patients were under treatment or observation on January 1st, 1955.

Details of attendances made by patients are as follows:—
At which patients saw physician

<i>Attendances</i>	<i>Totals</i>	<i>Males</i>	<i>Females</i>
Syphilis	845	336	509
Gonorrhoea	229	153	76
Other Conditions ...	588	421	167
At which patients did not see Physician			
Syphilis	259	120	175
Gonorrhoea	—	—	—
Other Conditions ...	126	—	126

SECTION IV

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Act, 1938-1950

I have to thank Mr. J. J. Cole, the County Inspector of Food and Drugs for the following report on the work carried out in the year 1955.

Food and Drugs Act, 1938

During the year under review, eighty-five samples of foodstuffs and drugs were taken for chemical analyses and eleven for bacteriological examination. All samples, with the exception of five milks, complied with the Act and the various Ministry of Food Orders (where such existed) but the analyst commented adversely on some more of the samples. The particulars and results of the analyses are given below and, except where otherwise stated, only one sample was taken:—

Aspirin Tablets; "Aspro" Tablets; Blancmange Powder; Chocolate Cream; Cod Liver Oil; Coffee, Pure; Coffee and Chicory; Confectionery; Sweets (4); Cream, Pure; Cream Sterilised (2); Creamed Rice; Creamy Milk Chocolate Cream Egg; Almonds; Ice Cream (3); Ice Cream; Bacteriological Examination (3); Jam (2); Lard; Lemons, Real Juice of; Luncheon Meat; Malt Vinegar (2); Meat Paste (3); Milk (27); Milk, Bact. Exam. (8); Mustard; Orange Drink (2); Orange Juice (3); Oranges (Spanish) (2); Pineapple Juice; Rennies Tablets; Salad Cream; Salmon Spread; Sausages (4); Table Jelly; Tinned Soups (5); Vitamin Tablets.

Orange Drink

This drink was manufactured locally and was sold in bottles containing

There is a big consumption of this liquid chiefly by children in Peterborough and large adjoining areas, and I understand that similar commodities are being sold all over the country.

The public analyst in his remarks on the analyses of the samples stated:—

"This liquid consists of orange juice which has been diluted at least twenty times with water and to which sugar has been added. It contains only approximately five per cent. of orange juice and is therefore not entitled to be sold as orange juice.

The liquid contains approximately two teaspoonsful of orange juice in one-third of a pint; it is nothing better than sweetened water flavoured with orange juice.

Creamy Milk Chocolate Cream Egg

This was a sample of filled Easter Eggs. The eggs were labelled as above with the words "Cream Egg" in large, bold characters, and it will be noticed that cream is referred to twice.

The analyst found that the sample contained only 11.7 per cent. of fats as compared with 19.0 per cent. fats of a similar article made by another firm, and stated that the name given is not one that should be applied to the article. Nothing could be done at that time except to give the facts publicity in the local papers.

Butter Selection, Flavour

The above was the description on the label of a jar of sweets for sale in a retail shop. The word "flavour" was in very much smaller characters than the remainder of the description and it could be read only with difficulty by one standing at a reasonable distance from the jar.

The sweets contained the insignificant amount of 0.34 per cent. of butter-fat. This could scarcely be regarded as a compliance with the Code of Practice with the Ministry of Food and the Chocolate and Sugar Confectionery Trade.

The best that could be done was to ask the manufacturers to alter the label so that all the words of the description should be of equal size. This request was complied with.

Milk

Of the twenty-seven samples, twenty-two fewer up to standard with average contents of milk-fat 3.75 per cent. milk-fat and 8.75 per cent. milk solids other than milk-fat. The minimum requirements are 3.0 per cent.

to natural causes, and not to water being added to the milk.

Eight samples of milk were bacteriologically examined and all complied with their respective standards.